ARIZONA STATE DEPARTMENT OF HEALTH (This return should preferably be made by the person who made the original) SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. 123 Place of Birth (Registration District) SEX OF CHILD* Triplet or other? And In order of birth DATE OF BIRTH* (Month) (Day) (Give name in full) (Papent's Signature) FULL MAIDEN NAME "These items to be entered by the local registrar before giving out this form. (Signature of Physician or Midwife)	a ment	State File No.
by the person who made the original) SUPPLEMENTARY REPORT OF BIRTH Place of Birth County Registrar's No. St. (Registration District) SEX OF CHILD* Triplet In order of birth DATE OF BIRTH* (Month) (Day) (Pear) FULL FATHER NAME FULL* MOTHER MOTHER (Signature of Physician or Midwife) (Signature of Physician or Midwife)	A	
Comparison District Sex OF CHILD* Twin Triplet and Number in order of birth		Came Davidence No. 404 165
SEX OF CHILD* Twin Triplet and Number in order of birth DATE OF BIRTH* (Month) (Day) (Jear) FULL FATHER MAIDEN NAME MOTHER (Signature of Physician or Midwife) I HEREBY CERTIFY that the child described herein has been named (Give name in full) (Give name in full) (Signature of Physician or Midwife)		Gila No. St.
FULL FATHER SAY! FULL MAIDEN MOTHER MOTHER (Signature of Physician or Midwife)	SEX OF CHILD* Twin Triplet and in order	
FULL FATHER SIgnature) FULL MAIDEN MOTHER MAIDEN (Signature of Physician or Midwife)	DATE OF BIRTH (Month) (Day)	Eynest conard Saari, t
FULL* MAIDEN NAME HILL MOTHER (Signature of Physician or Midwife)	FULL FATHER	
NAME (Signature of Physician or Midwife)		(Pagent's Signature)
		(Signature of Physician or Midwife)
	*These items to be entered by the local registrar before givi	
	10M 11-41 A.P.	529-601-891

:

: